UNITED PIONEER HOME 210 PARK AVENUE

LUCK	54853	Phone: (715) 472-2164		Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with H	Ospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	ffed (12/31/02):	79	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity (12/31/02):	86	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on $12/31/$	n2 ·	72	Average Daily Census:	69

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No			Age Groups 	%		23.6 47.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4	More Than 4 Years	29.2
Day Services	No	Mental Illness (Org./Psy)	45.8	65 - 74	1.4	[
Respite Care	No	Mental Illness (Other)	5.6	75 - 84	15.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	63.9	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	18.1	Full-Time Equivale	ent
Congregate Meals	No	Cancer	1.4			Nursing Staff per 100 H	Residents
Home Delivered Meals	No	Fractures	9.7		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	0.0	65 & Over	98.6		
Transportation	No	Cerebrovascular	11.1			RNs	9.3
Referral Service	No	Diabetes	4.2	Sex	%	LPNs	9.1
Other Services	No	Respiratory	5.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	16.7	Male	27.8	Aides, & Orderlies	35.6
Mentally Ill	No			Female	72.2		
Provide Day Programming for			100.0			[
Developmentally Disabled	No				100.0	[

Method of Reimbursement

		edicare itle 18			edicaid		(Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	ojo	Per Diem (\$)	No.	્	Per Diem (\$)	No.	୧	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	3	6.7	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.2
Skilled Care	0	0.0	0	37	82.2	104	0	0.0	0	19	70.4	114	0	0.0	0	0	0.0	0	56	77.8
Intermediate				5	11.1	86	0	0.0	0	8	29.6	107	0	0.0	0	0	0.0	0	13	18.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		45	100.0		0	0.0		27	100.0		0	0.0		0	0.0		72	100.0

UNITED PIONEER HOME

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of		_	sistance of		Number of					
Private Home/No Home Health	12.5		Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	20.8	Bathing	0.0		65.3	34.7	72					
Other Nursing Homes	4.2	Dressing	11.1		37.5	51.4	72					
Acute Care Hospitals	54.2	Transferring	36.1		29.2	34.7	72					
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.7		40.3	43.1	72					
Rehabilitation Hospitals	0.0	Eating	44.4		38.9	16.7	72					
Other Locations	8.3	*******	*****	*****	*****	******	*****					
Total Number of Admissions	24	Continence		%	Special Treat	ments	%					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.2	Receiving R	Respiratory Care	4.2					
Private Home/No Home Health			nt of Bladder	43.1	Receiving T	racheostomy Care	0.0					
Private Home/With Home Health	15.4	Occ/Freq. Incontiner	nt of Bowel	31.9	Receiving S	Suctioning	0.0					
Other Nursing Homes	7.7	1			Receiving C	stomy Care	1.4					
Acute Care Hospitals	0.0	Mobility			Receiving T	ube Feeding	0.0					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	11.1	Receiving M	Mechanically Altered Diets	18.1					
Rehabilitation Hospitals	0.0				_	_						
Other Locations	0.0	Skin Care			Other Residen	t Characteristics						
Deaths	76.9	With Pressure Sores		0.0	Have Advanc	e Directives	83.3					
Total Number of Discharges		With Rashes		4.2	Medications							
(Including Deaths)	26				Receiving P	sychoactive Drugs	41.7					
-					-	-						

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

			Ownership:		Size:		ensure:		_		
	This	Non	profit	50	-99	Ski	lled	Al			
	Facility	Peer	Group	Peer	Group	Peer	Group	Facilities			
	90	%	Ratio	୪	Ratio	ଚ	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	79.3	86.5	0.92	83.5	0.95	83.3	0.95	85.1	0.93		
Current Residents from In-County	94.4	79.3	1.19	72.9	1.30	75.8	1.25	76.6	1.23		
Admissions from In-County, Still Residing	66.7	23.9	2.79	22.2	3.01	22.0	3.03	20.3	3.28		
Admissions/Average Daily Census	34.8	107.3	0.32	110.2	0.32	118.1	0.29	133.4	0.26		
Discharges/Average Daily Census	37.7	110.2	0.34	112.5	0.33	120.6	0.31	135.3	0.28		
Discharges To Private Residence/Average Daily Census	5.8	41.6	0.14	44.5	0.13	49.9	0.12	56.6	0.10		
Residents Receiving Skilled Care	81.9	93.2	0.88	93.5	0.88	93.5	0.88	86.3	0.95		
Residents Aged 65 and Older	98.6	95.7	1.03	93.5	1.05	93.8	1.05	87.7	1.12		
Title 19 (Medicaid) Funded Residents	62.5	69.2	0.90	67.1	0.93	70.5	0.89	67.5	0.93		
Private Pay Funded Residents	37.5	22.6	1.66	21.5	1.74	19.3	1.95	21.0	1.78		
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.7	0.00	7.1	0.00		
Mentally Ill Residents	51.4	35.9	1.43	39.0	1.32	37.7	1.36	33.3	1.54		
General Medical Service Residents	16.7	18.1	0.92	17.6	0.94	18.1	0.92	20.5	0.81		
Impaired ADL (Mean)	57.8	48.7	1.19	46.9	1.23	47.5	1.22	49.3	1.17		
Psychological Problems	41.7	52.0	0.80	54.6	0.76	52.9	0.79	54.0	0.77		
Nursing Care Required (Mean)	3.5	6.8	0.51	6.8	0.51	6.8	0.51	7.2	0.48		